

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 1-15 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

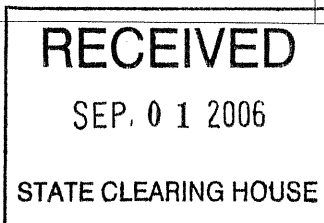
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION																							
Legal Name: Sky High Ranch of Calaveras Home Onwers Association		Organizational Unit: Department:																					
Organizational DUNS: 82-750-5553		Division:																					
Address: Street: PO Box 5219 City: Bear Valley County: Alpine State: CA Zip Code: 95223 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: William Middle Name: Wesley Last Name: Rule Suffix: Email: wes_rule@yahoo.com Phone Number (give area code): 209-753-2719 Fax Number (give area code):																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1513812		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for Profit Organization Other (specify):																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		9. NAME OF FEDERAL AGENCY: USDA, Rural Development, California																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water System 10-760		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Drinking Water System Repair for Sky High Ranch of Calaveras Home Owners Association (Sky High Ranch Subdivision).																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Calaveras County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 3 - Dan Lungren b. Project District 3 - Dan Lungren																					
13. PROPOSED PROJECT Start Date: 1/1/07 Ending Date: 12/31/08		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																					
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>2,500,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>2,500,000.00</td> </tr> </table>		a. Federal	\$	2,500,000.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	2,500,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	2,500,000.00																					
b. Applicant	\$.00																					
c. State	\$.00																					
d. Local	\$.00																					
e. Other	\$.00																					
f. Program Income	\$.00																					
g. TOTAL	\$	2,500,000.00																					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																							
a. Authorized Representative Prefix: First Name: William Middle Name: Wesley Last Name: Rule Suffix: b. Title: President of the Board of Directors c. Telephone Number (give area code): 209-753-2719 d. Signature of Authorized Representative: <i>William Wesley Rule</i> e. Date Signed:																							

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Version 7/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 9/1/2006	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Rural Community Assistance Corporation		Organizational Unit: Department:		
Organizational DUNS: 09-358-7368		Division:		
Address: Street: 3120 Freeboard Dr Ste 201		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: West Sacramento		Prefix: Ms	First Name: Diana	
County: Yolo		Middle Name		
State: CA		Last Name Varcados		
Zip Code 95691-5010		Suffix:		
Country: United States of America		Email: dvarcado@rcac.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2512284		Phone Number (give area code) 916/447-9832 x1046		Fax Number (give area code) 916/447-2878
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not For Profit Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 93-570		9. NAME OF FEDERAL AGENCY: Department of Health and Human Services		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): AK, AZ, CA, CO, HI, ID, NV, NM, OR, UT, WA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CSB - Rural Community Development Activities Program		
13. PROPOSED PROJECT Start Date: 9/30/2006 Ending Date: 9/29/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 01 b. Project Various rural areas (see #12)		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,008,622.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/1/2006		
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 1,008,622.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr	First Name Kevin	Middle Name		
Last Name McCumber		Suffix		
b. Title Chief Financial Officer		c. Telephone Number (give area code) 916/447-9832 x 1027		
d. Signature of Authorized Representative <i>Kevin McCumber</i>		e. Date Signed <i>Sept 1, 2006</i>		

APPLICATION FOR FEDERAL ASSISTANCE

Version 9/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 12, 2006	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Reef Check Foundation		Organizational Unit: Department:	
Organizational DUNS: 192774805		Division:	
Address: Street: PO Box 2057 17575 Pacific Coast Highway City: Pacific Palisades County: Los Angeles State: California Zip Code: 90292		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Craig Middle Name: Samuel Last Name: Shuman Suffix:	
Country: United States of America		Email: cshuman@reefcheck.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9] [5] - [4] [8] [5] [8] [6] [4] [9]		Phone Number (give area code) 310-230-2371	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Habitat Conservation [1] [1] - [4] [6] [3]		9. NAME OF FEDERAL AGENCY: NOAA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Southern California Blight		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Reef Check California community-based subtidal monitoring program, southern California	
13. PROPOSED PROJECT Start Date: June 1, 2007 Ending Date: December 31, 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 30 b. Project 23, 24, 30, 36, 46, 48, 44, 49, 50	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 80,000 .00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$ 130,000 .00 f. Program Income \$ 50,000 .00 g. TOTAL \$ 260,000 .00		a. Yes, [X] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 8, 2006 b. No, [] PROGRAM IS NOT COVERED BY E. O. 12372 [] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES.			
a. Authorized Representative			
Prefix Dr. First Name: Gregor		Middle Name	
Last Name: Hodgson		Suffix	
b. Title: Executive Director		c. Telephone Number (give area code) 310-230-2371	
Email: Gregorh@reefcheck.org		Fax Number (give area code) 310-230-2376	
d. Signature of Authorized Representative		e. Date Signed 9/18/06	

APPLICATION FOR FEDERAL ASSISTANCE

Version 9/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 12, 2006		Applicant Identifier	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
5. APPLICANT INFORMATION		6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9] [5] - [4] [8] [5] [8] [6] [4] [9]		7. TYPE OF APPLICANT: (See back of form for Application Types) 0	
Legal Name: Reef Check Foundation		Organizational Unit: Department:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Organizational DUNS: 192771805		Division:		Prefix: Dr.	
Address: Street: PO Box 2057 17575 Pacific Coast Highway		Middle Name Samuel		First Name: Craig	
City: Pacific Palisades		Last Name Shuman		Suffix:	
County: Los Angeles		Email: cshuman@reefcheck.org		Phone Number (give area code) 310-230-2371	
State: California		Zip Code 90292		Fax Number (give area code) 310-230-2376	
Country: United States of America		8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		9. NAME OF FEDERAL AGENCY: NOAA	
Other (specify)		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Habitat Conservation		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Reef Check California community-based subtidal monitoring program, southern California	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Southern California Bight		13. PROPOSED PROJECT Start Date: June 1, 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 30	
Ending Date: December 31, 2008		15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 80,000 .00		b. Applicant \$.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 8, 2006	
c. State \$.00		d. Local \$.00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other \$ 130,000 .00		f. Program Income \$ 50,000 .00		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
g. TOTAL \$ 260,000 .00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation.		<input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES.					
a. Authorized Representative		Prefix Dr.		First Name: Gregor	
Last Name: Hodgson		Middle Name		Suffix	
b. Title: Executive Director		c. Telephone Number (give area code)		310-230-2371	
Email: Gregorh@reefcheck.org		Fax Number (give area code)		310-230-2376	
d. Signature of Authorized Representative		e. Date Signed		9/15/06	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9-11-06	Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: Lorean Williamson (Real Estate Services Network)		Organizational Unit: Department:		
Organizational DUNS:		Division:		
Address: Street: PO Box 263 City: Moreno Valley County: Riverside State: CA Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Lorean Middle Name: Last Name: Williamson Suffix:		
Zip Code: 92556		Email: housebz02@hotmail.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 20-4026995		Phone Number (give area code): 951 247 5277		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Fax Number (give area code): 951 242 4028		
8. TYPE OF APPLICANT: (See back of form for Application Types) L. Individual Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Small Business Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 59-0337		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New Business Development for Minority Owned Business in Riverside County.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) cities		13. PROPOSED PROJECT Start Date: 06/01/2006 Ending Date: ----		
14. CONGRESSIONAL DISTRICTS OF: Mary Bland, H. C. S.		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Applicant Lorean Williamson b. Project Business Development		
16. ESTIMATED FUNDING: a. Federal \$ 50,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 50,000		17. IS THE APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 09/11/2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		19. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix: Ms. First Name: Lorean Middle Name: Last Name: Williamson b. Title: Owner c. Telephone Number (give area code): 951 992 2942 d. Signature of Authorized Representative		e. Date Signed 9-11-2006		

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Prescribed by OMB Circular A-102

ATTACHMENT II - SF 424

Date of form: January 31, 2006

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED

July 10, 2006

Applicant Identifier

1. TYPE OF SUBMISSION:

Application

Construction ☐Non-Construction ☒

Preapplication

☐ Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE REC'D BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

State of California, Employment Development Department

Organizational DUNS:

614215531

Address: (Street, City, County, State, Zip Code)

800 Capitol Mall, MIC 20
Sacramento, Sacramento County, CA 95814

Organizational Unit:

Department

Employment Development Department

Division:

Fiscal Programs Division

Name and telephone number of person to be contacted on matters involving this application (Prefix, First, MI, Last)

Mr. Steve P. Val, Job Services Program Manager

Email:

sval@edd.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN)

94-2650401

Phone number (give area code)

(916) 654-8514

8. TYPE OF APPLICATION

☐ New☐ Continuation☒ RevisionIf Revision, enter appropriate letter(s) in box(es).
(See back of form for description of letters)

A

C

Other (specify)

7. TYPE OF APPLICANT (See back of form for Application Types)

A. State

Other (specify)

9. NAME OF FEDERAL AGENCY:

U.S. Department of Labor / VETS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

17 801 (DVOP)
17 804 (LVER)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Jobs for Veterans State Grants

TITLE (Name of Program): Jobs for Veterans State Grants

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc)

Statewide

13. PROPOSED PROJECT:

Start Date:

October 1, 2006

Ending Date:

September 30, 2007

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

Sacramento-3

b. Project

Statewide (1-53)

16. ESTIMATED FUNDING:

a. Federal (total of current funding) \$16,573,000

b. Applicant \$

c. State \$

d. Local \$

e. Other (TAP, Approved Special Initiatives) \$1,139,000

f. Program Income \$

g. TOTAL \$17,712,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 7/10/2006

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372.☐ OR, PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES, IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix First Name

Ms. Laura

Middle Name

Last Name

Anderson

Suffix

b. Title

Chief, Fiscal Programs Division

c. Telephone Number (give area code)

(916) 654-8221

Signature of Authorized Representative

Laura Anderson

e. Date Signed

7/10/06

ATTACHMENT II - SP 424
Date of form: January 31, 2006

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED September 13, 2006	Applicant Identifier
1. TYPE OF SUBMISSION: Application Construction <input type="checkbox"/> <input type="checkbox"/> Construction Non-Construction <input checked="" type="checkbox"/> <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE REC'D BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: State of California, Employment Development Department		Organizational Unit: Department Employment Development Department	
Organizational DUNS: 614215531		Division: Fiscal Programs Division	
Address: (Street, City, County, State, Zip Code) 800 Capitol Mall, MIC 20 Sacramento, Sacramento County, CA 95814		Name and telephone number of person to be contacted on matters involving this application (Prefix, First, MI, Last) Mr. Steve P. Val, Job Services Budget Manager	
		Email: sval@edd.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-2650401		Phone number (give area code) (916) 654-8514	
8. TYPE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es). (See back of form for description of letters) Other (specify) <input type="checkbox"/> A <input type="checkbox"/> C		7. TYPE OF APPLICANT (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 17 801 (DVOP) 17 804 (LVER)		6. NAME OF FEDERAL AGENCY: U.S. Department of Labor / VETS	
TITLE (Name of Program): Jobs for Veterans State Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Jobs for Veterans State Grants	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): Statewide			
13. PROPOSED PROJECT: Start Date: October 1, 2006 Ending Date: September 30, 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Sacramento-3 b. Project Statewide (1-53)	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal (total of current funding)	\$17,562,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 9/13/2006	
b. Applicant	\$	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372.	
c. State	\$	<input type="checkbox"/> OR, PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		
e. Other (TAP, Approved Special Initiatives)	\$1,240,000	17. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g. TOTAL	\$18,802,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES, IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Laura	Middle Name	
Last Name Anderson	Suffix		
b. Title Chief, Fiscal Programs Division		c. Telephone Number (give area code) (916) 654-8221	
d. Signature of Authorized Representative 		e. Date Signed 9/13/06	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION Legal Name: Santa Clarita Community College District Organizational DUNS: 037559127 Address: Street: 26455 Rockwell Canyon Road City: Santa Clarita County: Los Angeles State: CA Zip Code: 91355 Country: United States of America		Organizational Unit: Department: Division: Economic Development Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Dena Middle Name: Last Name: Maloney Suffix: Email: dena.maloney@canyons.edu Phone Number (give area code) 661-362-3305 Fax Number (give area code) 661-362-3461	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2561360		7. TYPE OF APPLICANT: (See back of form for Application Types) 1-State Controlled Institution of Higher Learning Other (specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: Department of Commerce/Economic Development Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities: Santa Clarita, L. A., Burbank, San Fernando, Lancaster, Palmdale		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Emerging Technologies Program	
13. PROPOSED PROJECT Start Date: July 1, 2007 Ending Date: June 30, 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25th b. Project 25th	
15. ESTIMATED FUNDING: a. Federal \$ 1,375,918 b. Applicant \$ 1,375,918 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 2,751,836		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 14, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative Prefix: Dr. First Name: Dianne Middle Name: G. Last Name: Van Hook		c. Telephone Number (give area code) 661-362-3400 e. Date Signed 14 July 2006	
b. Title Superintendent-President d. Signature of Authorized Representative			

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STATE CLEARING HOUSE

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Version 02

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

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SEP 15 2006

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-6006145W

* c. Organizational DUNS:

084676394

d. Address:

* Street1:

Office of Research

Street2:

University of California

* City:

Santa Barbara

County:

Santa Barbara

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93106-2050

e. Organizational Unit:

Department Name:

Marine Science Institute

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Dr.

* First Name:

Henry

Middle Name:

Mark

* Last Name:

Page

Suffix:

Title: Associate Research Biologist

Organizational Affiliation:

University of California, Santa Barbara

* Telephone Number: (805) 893-2675

Fax Number: (805) 893-8062

* Email: page@lifesci.ucsb.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

* 12. Funding Opportunity Number:

NMFS-HCPO-2007-2000767

* Title:

Implementation of Marine Protected Areas, Southern California Coast

13. Competition Identification Number:

2049488

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Santa Barbara City and Santa Barbara County

* 15. Descriptive Title of Applicant's Project:

Variation in Settlement and Its Effect on Benthic Populations Inside and Outside of Marine Protected Areas

Attach supporting documents as specified in agency instructions.

[Attach document](#) [Delete document](#) [View all documents](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

23

* b. Program/Project

28, 24

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

03/01/2007

* b. End Date:

02/28/2008

18. Estimated Funding (\$):

* a. Federal	66,575.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	66,575.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 09/15/2006☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Ms.

* First Name:

Cora

Middle Name:

* Last Name:

Diaz

Suffix:

* Title:

Sponsored Projects Officer

* Telephone Number:

(805) 893-4035

Fax Number:

(805) 893-2611

* Email:

dlaz@research.ucsb.edu

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.